RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01497	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS ASSISTED LIVING	1057 CHOPMIST HILL ROAD NORTH SCITUATE, RI 02857

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S 003	Initial Comments An unannounced biennial State Licensure survey and a complaint/incident investigation survey (E08211, 02/03/2026) were conducted at this residence 02/02/2026-02/03/2026. Deficiencies were identified relative to the State Licensure survey.	S 003		
S 540	Residential Care Services 2.4.22.C(1-5) Illness And Emergencies 2.4.22 (C) (1-5) Reporting of Communicable Diseases C. Reporting of Communicable Diseases 1. Each residence shall report promptly to the Center for Acute Infectious Diseases Epidemiology (IDE), cases of communicable diseases designated as "reportable diseases" when such cases are diagnosed in the residence in accordance with Part 30-05-1 of this Title, Reporting and Testing of Infectious, Environmental and Occupational Diseases. 2. When infectious diseases present a potential hazard to residents or personnel, these shall be reported to the Center for Acute Infectious Diseases Epidemiology (IDE) even if not designated as "reportable diseases." 3. When outbreaks of food-borne illness are suspected, such occurrences shall be reported immediately to the Center for Acute Infectious Diseases Epidemiology (IDE) or to the Center for Food Protection. 4. Residences must comply with the provisions of R.I. Gen. Laws § 23-28.36-3, which requires notification of fire fighters, police officers and	S 540	Received MAR 3 1 2026 Facilities Regulation 3/31/26	

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

3/30/26

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S 540	Continued From page 1 emergency medical technicians after exposure to infectious diseases. 5. Infection Control Infection control provisions shall be established for the mutual protection of residents, employees, and the public. The residence shall be responsible for no less than the following: a. Establishing and maintaining a residence-specific infection prevention program; b. Establishing policies governing the admission and isolation of residents with known or suspected infectious diseases; c. Developing, evaluating and revising on a continuing basis infection control policies, procedures and techniques for all appropriate areas of the residence; d. Developing and implementing protocols for: (1) Discharge planning to home that include full instructions to the family or caregivers regarding necessary infection control measures; and (2) Hospital and/or nursing facility transfer of residents with infectious diseases which may present the risk of continuing transmission. Examples of such diseases include, but are not limited to, tuberculosis (TB), Methicillin resistant staphylococcus aureus (MRSA), vancomycin resistant enterococci (VRE), and clostridium difficile;	S 540		

Denise Bonin ALA 3/30/26

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S 540	Continued From page 2 This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the facility failed to establish infection control provisions for the mutual protection of residents, employees, and the public relative to developing and implementing protocols for transfer/discharge to home, hospitals, and/or nursing facilities, of residents with infectious diseases which may present the risk of continuing transmission such as tuberculosis (TB), Methicillin resistant staphylococcus aureus (MRSA), vancomycin resistant enterococci (VRE), and clostridium difficile (C-diff). Findings are as follows: Review of the residence's infection control policies failed to include protocols for transfer/discharge to home, hospitals, and/or nursing facilities of a resident with infectious diseases. Additionally, the residence's policies failed to have protocols specific to the above-mentioned infectious illnesses. During a surveyor interview with the Administrator on 2/3/2026 at 8:40 AM, she could not provide evidence of the discharge planning protocols of residents with infectious diseases to home, the hospital, and/or a nursing facility.	S 540		
S 560	Residential Care Services 2.4.23.C Dietetic Services 2.4.23 (C) Dietetic Services C. The food service in each residence shall	S 560		

Denise Lovett ALA 3/30/26

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S 560	Continued From page 3 comply with the appropriate requirements of R.I. Gen. Laws Chapters 21-27 and 21-31, Part 50-10-1 of this Title, Rhode Island Food Code, and such other applicable statutory or regulatory provisions. This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to comply with all appropriate standards of the Rhode Island Food Code relative to the main kitchen. Findings are as follows: 1) Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking states in part, "...FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1..." 2) Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section 3-602.11 Food Labels states in part, "...(B) Label information shall include: (1) The common name of the food..." 3) Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section 3-501.13 Thawing states in part, "...TIME/TEMPERATURE CONTROL FOR FOOD SAFETY FOOD shall be thawed...(B)	S 560		

Denise Bonin AHA 3/30/26

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S 560	Continued From page 4 Completely submerged under running water..." 4) Record review of the 2022 Food Code published by the U.S. Food and Drug Administration Section 3-304.12 states in part, "...In-Use Utensils, Between-Use Storage. During pauses in FOOD preparation or dispensing, FOOD preparation and dispensing UTENSILS shall be stored: (A) Except as specified under (B) of this section, in the FOOD with their handles above the top of the FOOD and the container: (B) In FOOD that is not TIME/TEMPERATURE CONTROL FOR SAFETY FOOD with their handles above the top of the FOOD within containers or EQUIPMENT that can be closed, such as bins of sugar, flour, or cinnamon..." During a surveyor observation of the main kitchen with Kitchen Staff, Staff A, on 2/2/2026 at 9:17 AM revealed the following: A. The reach-in refrigerator revealed the following items without a label or date. - a container of a green vegetable without a label or date. - a container of soup, dated 1/22/2026, 5 days past the day to be discarded. - a container of ground pot-roast, dated 1/21/2026, 6 days past the day to be discarded. - a container of mashed cauliflower, dated 1/21/2026, 6 days past the day to be discarded. B. Observation of beef defrosting in a pan of still water C. A surveyor observation of the flour bin	S 560		

Denise Bonetta AHA 3/30/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 5 revealed the scoop lying inside the flour. Following the above observations Staff A acknowledged the container of a green vegetable was without a label and not dated, the container of soup, ground pot-roast, and mashed cauliflower was passed the 7-day window for food safety. She further acknowledged the beef was defrosting in a pan of still water, and the scoop used for the flour bin was lying in the flour. D. During a surveyor observation of the dry storage area revealed the following: - one High Performance protein shake, best used by date of 12/30/2024. - multiple Healthy Meal nutritional shakes: one with an expiration date of 1/2022, one with an expiration date of 2/2022, two with an expiration date of 9/2022, two with an expiration date of 11/2022, one with an expiration date of 12/2022, and one with an expiration date of 6/2023. - two boxes of ranch dressing mix, best used by May 2024. - two Tuna Creation packets, use by date of 9/29/2025. - one Chicken Creation packet, use by date 12/19/2025. During a surveyor interview with the Dietary Manager on 2/2/2026 at approximately 10:30 AM, she revealed the High Performance protein shakes, boxes of ranch dressing mix, Tuna Creation packets and Chicken Creation packet were beyond their use by dates, and the Healthy Meal nutritional shakes had expired.	S 560		

Denise Dorsa RN 3/30/26

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S 580	Residential Care Services 2.4.23.G(1-4) Dietetic Services 2.4.23 (G) (1-7) Dietetic Services G. All food services shall be conducted in accordance with Part 50-10-2 of this Title, Certification of Managers in Food Safety that include but are not limited to the following provisions: 1. Each residence where potentially hazardous foods are prepared shall employ at least one (1) full-time, on-site manager certified in food safety who is at least eighteen (18) years of age. 2. Residences that primarily serve the elderly and individuals with diminished immune systems shall have a manager certified in food safety present during preparation of all hot potentially hazardous foods. 3. Residences that have a licensed capacity of twenty-six (26) or more residents and that employ ten (10) or more full-time equivalent employees directly involved in food preparation shall employ at least two (2) full time, on-site managers certified in food safety. 4. Residences that have a licensed capacity of twenty-five (25) or fewer residents and that employ five (5) or fewer full-time equivalent employees involved in preparation and serving of food, shall only be required to employ one (1) full time manager certified in food safety.	S 580		

Denise Dorch RN 3/30/26

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S 580	Continued From page 7 This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interview, it has been determined the facility failed to ensure that all food services are conducted in accordance with the rules and regulations pertaining to Certification of Managers in Food Safety (Part 50-10-2 of this Title) that include, but are not limited to the following provisions, residences that primarily serve the elderly and individuals with diminished immune systems shall have a manager certified in food safety present during preparation of all hot potentially hazardous foods. Findings are as follows: Record review of the residence's menu revealed meals containing hot potentially hazardous foods on the following dates: 1/2/2026, 1/6/2026, 1/7/2026, 1/9/2026, 1/10/2026, 1/11/2026, 1/13/2026, 1/14/2026, 1/16/2026, 1/20/2026, 1/21/2026, 1/23/2026, 1/24/2026, 1/25/2026, 1/27/2026, 1/28/2026, and on 1/30/2026. Record review revealed the only staff licensed as a manager certified in food safety is the Dietary Manager. Review of the staff schedule revealed the Dietary Manager is not on the schedule on the following dates: 1/2/2026, 1/6/2026, 1/7/2026, 1/9/2026, 1/10/2026, 1/11/2026, 1/13/2026, 1/14/2026, 1/16/2026, 1/20/2026, 1/21/2026, 1/23/2026, 1/24/2026, 1/25/2026, 1/27/2026, 1/28/2026, and on 1/30/2026. During a surveyor interview on 2/3/2026 at approximately 3:45 PM with the Administrator, she could not provide evidence that the facility had a staff member who held the Certification of	S 580		

Denise Bourn AHA 3/30/26

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S 580	Continued From page 8 Managers in Food Safety scheduled on the above dates when hot, potentially hazardous food is prepared.	S 580		
S 640	Residential Care Services 2.4.26.B.1 Medication Services 2.4.26 (B) (1) Administration of Medications 1. Residences licensed at the M1 level may administer medications to residents including, but not limited to, removing medication containers from storage, assisting with the removal of a medication from a container for residents with disability which prevents independence in this act, and/or administering the medication directly to the resident. a. The resident or guardian must provide written authorization for the residence to provide administration of medications. b. Medications shall be administered in accordance with written orders of a physician. The residence must provide in writing, a description of services provided by the residence to each physician, including limitations on service. c. All medications must be checked against a physician's orders by a licensed nurse, or pharmacist. d. The resident must be identified prior to administration of any medication. e. The medication must be in the original pharmacy-dispensed container with proper label and directions attached and be administered in accordance with such label.	S 640		

Denise Lord ALA 3/30/26

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S 640	Continued From page 9 f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse. g. There shall be written a policy/procedure for the disposal of hypodermic needles, syringes and other such instruments that is in compliance with Part 20-15-6 of this Title, Hypodermic Needles, Syringes, and Other Such Instruments. (1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor. (AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use. (BB) Excess and undesired needles, syringes and other such instruments shall be stored in impervious, rigid, puncture-resistant container for disposal. Intact needles shall be placed directly into the collection containers. (CC) Personnel handling disposal waste materials such as needles, syringes, and other such instruments may treat and destroy such waste by a DEM-approved alternative treatment/destruction technology or prepare the regulated medical waste for off-site transport by a DEM-permitted medical waste transporter. h. Individual medication records must be retained for each resident to whom medications are being administered and each dose administered to the resident must be properly	S 640		

Denise Souza AHA 3/30/26

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S 640	Continued From page 10 recorded. i. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate. j. Medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population. k. All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely as stated in § 2.4.25(A)(3)(a)(8) of this Part. l: All centrally stored medications shall be maintained in accordance with manufacturer ' s labeling and administered by authorized personnel. This Requirement is not met as evidenced by: Based on surveyor observation and staff interview, it has been determined the residence failed to ensure that medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access for two of three residents reviewed, Resident ID #s 1 and 2. Findings are as follows: 1. Surveyor observation on 2/2/2026 at 11:33 AM of Resident ID #1's medications, in the presence	S 640		

Denise Bona AHA 3/30/26

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S 640	Continued From page 11 of the Director of Nursing (DON), revealed the following: -two bottles of Siltussin DM (Siltussin dextromethorphan). -one bottle of polyethylene glycol. Record review of the resident's medication administration record (MAR) indicates the resident is no longer prescribed the above-mentioned medications. During a surveyor interview immediately following the above observations with the DON, she could not provide evidence that the resident is prescribed the above-mentioned medications and the discontinued medications were removed from the cart, preventing administration errors. 2. Record review of Resident ID #2's MAR revealed the resident was prescribed the following medications: -Biofreeze 4%, apply a small amount to affected areas.twice daily as needed for pain. -Humulin 70/30 Kwikpen. Inject 5 units subcutaneously three times daily. -ferrous sulfate 325 milligram tablet. Take one tablet by mouth daily. During a surveyor observation, in the presence of the DON, on 2/2/2026 at approximately 11:45 AM revealed the following: -one Biofreeze bottle, no directions for use. -one Humulin insulin pen, opened not dated.	S 640		

Denise Souza AHA 3/30/26

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S 640	Continued From page 12 Manufacturer instructions indicate to discard 28 days after opening. During a surveyor interview following the above observations with the DON, she could not provide evidence the Biofreeze bottle had directions for use or that the insulin pen was dated when opened. The surveyor then asked where the resident's ferrous sulfate was kept. The DON opened the top drawer of the medication cart and pulled a bottle of ferrous sulfate without a resident identifier or directions for use and revealed this bottle was shared between this resident and another resident. The medication failed to be in the original pharmacy-dispensed container with proper label and directions attached and be administered in accordance with such label. During a surveyor interview with the DON on 2/2/2026 at approximately 12:00 PM, she was unable to provide evidence the above-mentioned medications were stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access, as required.	S 640		

Denise Bonin AZA 3/30/26

Policy and Procedure Updates and Compliance Actions

S 540: Discharge Procedures for Residents with Infectious Diseases

3/18/24

New policies and procedures have been implemented for the discharge of residents with infectious diseases to the community, hospitals, or other nursing facilities. These updated guidelines are designed to ensure the safety and well-being of both residents and staff during the discharge process. The associated policies and procedures have been attached for reference.

S 560: Food Storage and Kitchen Practices

Labeling and Discarding Food

3/18/24

All food items that were not labeled or had exceeded their discard dates were disposed of while the surveyor was present. In addition, all kitchen staff have received retraining on the importance of rotating food in the refrigerator and discarding any items that are past their usable dates. To address issues with previous labels not adhering properly, new food labels have been purchased.

Defrosting Procedures

It was observed that beef was being defrosted in the prep sink in a pan of still water, and the water was turned off when the staff member left the kitchen. To correct this, a new policy has been established: staff must remain in the kitchen while any food is being defrosted to ensure proper technique is always followed.

Handling of Scoops and Flour

All staff have been reeducated on the policy of not leaving scoops in any containers and the importance of adhering to this practice. Scoops are now required to be washed after each use. Additionally, the flour in the bin was discarded to eliminate any risk of contamination.

Dry Storage Management

Dry storage areas have been thoroughly checked to ensure that no expired items remain. Kitchen staff are responsible for verifying that all food prepared is within its expiration date. The kitchen manager will conduct a monthly review to ensure that no expired products remain on the shelves.

S 580: Food Safety Manager Certification

Certified Staff

Four Seasons employs four staff members who are Certified Food Safety Managers. The kitchen manager also holds a Food Safety Manager license.

Regulatory Requirements

Compliance Actions

Employees that are certified in Food Safety will be sending in their paperwork to DOH to get their licenses. This will ensure that there is always an employee in the building with a Food Safety Manager Certification and A DOH License.

S 640: Medication Management for Returning Residents

Process for Returning Residents

Resident ID #1 returned from the hospital with orders for both Silltussin DM and Polyethylene. Since the resident is in the process of changing primary care providers (PCP) due to retirement, and the new PCP will not provide orders until the resident is seen, the following procedure will be followed: when a resident returns from hospitalization and a previously prescribed medication is not listed on the current medication list, that medication will be removed from the medication cart until their PCP provides updated orders.

Over-the-Counter Medication Instructions

Going forward any OTC medications that are not purchased from the house pharmacy will be labeled with a label from the RN with their Name, DOB, name of medication, strength, and directions for administration.

S 640

03 3/31/26

All residents requiring insulin were retrained on how their insulin pens must be dated with the date opened. Educated residents that insulin must be used within 28 days of being opened. If the insulin is not used within that 28-day period it will be discarded and a new pen opened and dated. CMT's were in-serviced on making sure that the resident is dating new insulin pens and confirming that the insulin is within the 28-day usable period.

Denise Bonilla ALA 3/30/26

Administrator's Signature Date